

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Department of Employment Security		CONTACT PERSON Seth Sligh	TELEPHONE NUMBER 6013216119	
ADDRESS 1235 Echelon Parkway		CITY Jackson	STATE MS	ZIP 39215
EMAIL wssligh@mdes.ms.gov	SUBMIT DATE 7/5/2012	Name or number of rule(s): Policy No. 32- WIA Programmatic Grievances and Complaints		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

To implement a formal grievance and complaint process for the WIA program.

Specific legal authority authorizing the promulgation of rule: Section 181 of the Workforce Investment Act of 1998

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____☒ Presently, an oral proceeding is not scheduled on this rule.


If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☒ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: <input checked="" type="checkbox"/> New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): 7/1/2012	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Seth Sligh, Accountant/Auditor

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	 Accepted for filing by CBI8966E	Accepted for filing by



DELBERT HOSEMAN
Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

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ADDRESS 1235 Echelon Parkway	CITY Jackson	STATE MS	ZIP 39215
EMAIL wssligh@mdes.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Policy No. 32- WIA Programmatic Grievances and Complaints		
Specific Legal Authority Authorizing the promulgation of Rule: WIA Section 181		Reference to Rules repealed, amended or suspended by the Proposed Rule: N/A	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
This policy sets forth formal procedures for grievances and complaints alleging violations of WIA requirements from participants and other interested or affected parties.
2. Briefly describe the need for the proposed rule:
No formal written policy was in place for WIA grievances and complaints.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
Participants and other parties alleging violations of WIA requirements will have a formal process for filing grievances and complaints.
4. Estimated Cost of implementing proposed action:
 - a. To the agency
☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
 - b. To other state or local government entities
☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
 - c. Cost:
☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

d. Economic Benefit:

☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

6. Estimated impact on small businesses:

☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

a. Estimate of the number of small businesses subject to the proposed regulation: 0

b. Projected costs for small businesses to comply: \$0

c. Statement of probable effect on impacted small businesses: N/A

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

☐ substantially less than ☐ moderately less than ☐ minimally less than
☒ the same as ☐ minimally more than ☐ moderately more than
☐ substantially more than ☐ excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

☐ substantially less than ☐ moderately less than ☐ minimally less than
☒ the same as ☐ minimally more than ☐ moderately more than
☐ substantially more than ☐ excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

☐ yes ☒ no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)
N/A

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form.

Estimates based on knowledge of the WIA program and MDES operating procedures.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and demand an oral proceeding on the proposed rule if one is not already provided?

Contact Seth Sligh at 601-321-6119 or wssligh@mdes.ms.gov.

SIGNATURE

TITLE

Accountant/Auditor

DATE

7/5/2012

PROPOSED EFFECTIVE DATE OF RULE

7/1/2012

FILED
JUL 05 2012
MISSISSIPPI
SECRETARY OF STATE